

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1							51			
	2							52			
	3							53			
	4							54			
	5							55			
	6							56			
	7							57			
	8							58			
	9							59			
	10							60			
	11							61			
	12							62			
	13							63			
	14							64			
	15							65			
	16							66			
	17							67			
	18							68			
	19							69			
	20							70			
	21							71			
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	24							74			
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	27							77			
	28							78			
	29							79			
	30							80			
	31							81			
	32							82			
	33							83			
	34							84			
	35							85			
	36							86			
	37							87			
	38							88			
	39							89			
	40							90			
	41							91			
	42							92			
	43							93			
	44							94			
	45							95			
	46							96			
	47							97			
	48							98			
49						99					
50						100					
TOTAL IND.	1		↓		↓		↓				
TOTAL DEP.	19		↔		↔		↔				
TOTAL CLAIMS	20										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS